

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

-62-020427
4813 STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 23 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN ST. Louis

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

City Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY ST. Louis

c. CITY OR TOWN

Florissant

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

180 So Hiway 140

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

ARTHUR GIERER

4. DATE OF DEATH

Month

Day

Year

5-9-1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-14-1899

9. AGE (last birthday)

62

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Elec Foreman

10b. KIND OF BUSINESS OR INDUSTRY

Moloney Elec Co

11. BIRTHPLACE (City and state or country)

ST. Louis, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edw. Gierer

13b. MOTHER'S MAIDEN NAME

Grace Beyer

14. NAME OF HUSBAND OR WIFE

Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

6 Margaret Gierer

Address

180 So Hiway 140

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Acute myocardial infarction and scler. cor. art. dis420-1

INTERVAL BETWEEN ONSET AND DEATH

died instantly

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at 7:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.11-22-54 to 5-9-62 and last saw him alive on 4-8-62

22a. SIGNATURE

Wayne Gierer

(Degree or title)

22b. ADDRESS

180 So Euclid

22c. DATE SIGNED

5-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-12-62

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cem.

23d. LOCATION (City, town, or county)

ST. Louis Mo

(State)

24. FUNERAL DIRECTOR

O'Sullivan Mucke Kran

ADDRESS

8806 Jennings Rd

25. DATE RECD. BY LOCAL REG.

MAY 11 1962

26. REGISTRAR'S SIGNATURE

Lead Smith. H.D.USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

4

May 9, 1962

May 8, 1962

no document

BY AFFIDAVIT OF MARGARET GIERER, Sister of Deceased

MEDICAL CERTIFICATION

W O Gola
100 n Enclid
Fo 15687

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Herbert J. San Jr.

Licensed Embalmer No. 4800

P. O. Address

Kirkwood 22 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.